

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/596634**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		2		2		
5		2		2		
6		2		2		
7		2		2		
8		2		2		
9		2		2		
10		2		2		
11		2		2		
12		2		2		
13		2		2		
14		2		2		
15		2		2		
16		2		2		
17		2		2		
18		2		2		
19		2		2		
20		2		2		
21		2		2		
22		2		2		
23		2		2		
24	1		1			
25		2		2		
26		2		2		
27		2		2		
28		2		2		
29		2		2		
30		2		2		
31		2		2		
32		2		2		
33		2		2		
34		2		2		
35		2		2		
36		2		2		
37		2		2		
38		2		2		
39		2		2		
40		2		2		
41		2		2		
42		2		2		
43		2		2		
44		2		2		
45		2		2		
46		2		2		
47	1		1			
48		2		2		
49		2		2		
50		2		2		
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←	2	←	2	←	2
TOTAL CLAIMS		2		2		2

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1		1		
52		1		1		
53		1		1		
54		1		1		
55		1		1		
56		1		1		
57		1		1		
58		1		1		
59		1		1		
60		1		1		
61		1		1		
62		1		1		
63		1		1		
64		1		1		
65		1		1		
66		1		1		
67		1		1		
68		1		1		
69		1		1		
70		1		1		
71		1		1		
72		1		1		
73		1		1		
74		1		1		
75		1		1		
76		1		1		
77		1		1		
78		1		1		
79		1		1		
80		1		1		
81		1		1		
82		1		1		
83		1		1		
84		1		1		
85		1		1		
86		1		1		
87		1		1		
88		1		1		
89		1		1		
90		1		1		
91		1		1		
92		1		1		
93		1		1		
94		1		1		
95		1		1		
96		1		1		
97		1		1		
98		1		1		
99		1		1		
100		1		1		
TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←	2	←	2	←	2
TOTAL CLAIMS		2		2		2